

Course Waiver/Substitution Request

Student Name: _____ Student UB ID: _____

Major/Program: _____ Undergraduate _____ Graduate

Course Substitution

The following course:

Class Number Course Name

Is being substituted for:

Class Number Course Name

Rationale for request: _____

Student Signature: _____ Date: _____

Program Director or Adviser Signature: _____ Date: _____

Processor Signature: _____ Date: _____

Course Waiver

The following course(s) are being waived:

Class Number Course Name

Class Number Course Name

Rationale for request: _____

Student Signature: _____ Date: _____

Program Director or Adviser Signature: _____ Date: _____

Processor Signature: _____ Date: _____

Please forward completed form to:
University of Baltimore | Office of the University Registrar
Academic Center, Room 126 | 1420 N. Charles St. Baltimore, MD 21201
E: records@ubalt.edu | T: 410.837.4825 | F: 410.837.4820